

		QEWC-2.1.1.1.7	
HSE Qualification & Control of Contractors Procedure		Rev: 01	Date: July 2024

Appendix A: RAF Contractor Health and Safety Qualification Form

The Contractor must acknowledge in writing that all information provided here is true and agree to provide any support information that may be requested from Qatar Electricity & Water Company (QEWC) as proof of information provided.

The Contractor shall ensure, that all Subcontractors, Suppliers, and Agents of the Contractor, in connection with the Contractor's work at QEWC, shall act in full compliance with all applicable laws and regulations.

The Contractor must attach all documentation requested for submittal with this quote and agrees to provide all requested documentation upon award of the Contract for the job quoted.

The Contractor shall ensure, that all Contractor Workers, Subcontractors, Suppliers, and Agents of the Contractor, in connection with the Contractor's work at QEWC, shall be trained and/or certified to the applicable regulatory standards and requirements for the work they will be performing.

1. Contractor Name:			
Address:			
Phone:		Fax:	
Number of Employees		Contact Name:	

2. Contractor Experience:			
Attachment Ref. list.	Previous Experience	Key personnel Experience	Accreditations

3. Insurance / Workers Compensation - All contractors must complete the following questions			
Insurance Agent/Carrier:		Contact Name:	
Address:		Phone:	
Insurance Coverage:			
Workers Compensation Carrier:		Contact Name:	
Address:		Phone:	
Contractor Acknowledgement that Certificate of Insurance for Workers Comp is attached:			



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4. Accidents and Injuries	Year	Rate
Injury and Illness Rate for the past 3 years*:		
[(injury + illness cases) x (200,000 hrs.)] / (total hrs. worked)		
Lost Workday Case Rate for the past 3 years*:		
[(lost workday cases) x (200,000 hrs.)] / (total hrs. worked)		
* Do not need to complete this information if your company has less than 10 employees		

5. Work Related Accident Information - All contractors must complete the following questions
Has there been a work-related death or multiple hospitalizations within the past five (5) <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the company received a citation from a regulatory agency within the past five (5) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either question, explain:

6. Additional Required Information - All contractors must complete the following questions		
Wastes to be Generated:	<input type="checkbox"/> Oil <input type="checkbox"/> Oily Debris <input type="checkbox"/> Solvents <input type="checkbox"/> Paint <input type="checkbox"/> Other(s)	
Estimated Quantities of Wastes:		
Contractor Work to Generate:	<input type="checkbox"/> Noise >85 dB <input type="checkbox"/> Chemical Exposure, specify _____ <input type="checkbox"/> Excessive Dust <input type="checkbox"/> Fugitive Emissions, specify _____ <input type="checkbox"/> Other _____	
Subcontractors to be Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list names:

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YES ☐ NO ☐

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YES	NO	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	

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□ □

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



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Why hired or promoted Field Supervisors?

YES ☐ NO ☐ COMMENTS

— 100 —

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



□ □

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. PPE Requirements - All contractors must complete the following questions

Contractor must check-off all PPE required for the contracted service:

- | | |
|--|--|
| <input type="checkbox"/> Safety Glasses (w/side shields) | <input type="checkbox"/> Respiratory Protection, specify _____ |
| <input type="checkbox"/> Safety Shoes (steel toe) | <input type="checkbox"/> Chemical Protection, specify _____ |
| <input type="checkbox"/> Hard Hats, Coverall, Hand gloves | <input type="checkbox"/> Confined Space Rescue Equipment |
| <input type="checkbox"/> Fall Protection, specify _____ | <input type="checkbox"/> Confined Space Air Monitor (4 gas) |
| <input type="checkbox"/> Hearing Protection, specify _____ | <input type="checkbox"/> Other(s): _____ |

* The signature below equals a self-certification that all involved contractor personnel have received all required safety/compliance training in accordance with applicable federal or national, state or provincial and local or municipal requirements.

9. On behalf of the contractor, I acknowledge that all information provided on this form is true. Furthermore, I agree to provide all requested documentation and safety equipment requested by QEWC (*as indicated above*). Additionally, I shall ensure, to the extent possible, that all subcontractors, suppliers, and agents of the contractor, in connection with the contractors work at the RAF site, shall act in full compliance with and are aware of all applicable local or municipal, state of provincial and federal or national laws and with the RAF Contractor Safety procedure.

Authorizing Agent (Print): _____ Title: _____

Authorizing Agent (Signature): _____ Date: _____

Contractor Stamp:

